CITY OF LAFOLLETTE 207 South Tennessee Avenue LaFollette, TN 37766

EXACT BUSINESS NAIVIE.				×			
CORPORATE BUSINESS NAME:			88 X 12 11 11 12 12 12 12 12 12 12 12 12 12				
TYPE OF OWNERSHIP:	roprietorship	☐ Partnership	□ Corpo	oration	□Other		
OPENING DATE:	SA	ALES TAX I.D. NO.:_			-		
PHONE NUMBER(S):	****						
EXACT NATURE OF BUSINESS A	ACTIVITY:						
PHYSICAL BUSINESS ADDRESS (DO NOT USE A P.O. BOX)	:						
OTHER MAILING ADDRESS:				lotices Mai	led		
				Notices Mai	led		*

Identify the owner(s), officers, and/	or partners (attack	h additional sheets if ne	ecessary):	Proprie	etor Officer	Partner	Other
Identify the owner(s), officers, and/ Last Name First Name		Social Security Number					Other 🗌
		Social Security Number City	ecessary): State		the second second second		
Last Name First Name		Social Security Number		Zip Proprie	Phone Number	Partner	Other
Last Name First Name Address	MI	Social Security Number City		Zip	Phone Number	Partner	
Last Name First Name Address Last Name First Name	MI	City Social Security Number	State	Zip Proprie	Phone Number etor Officer	Partner	Other
Last Name First Name Address Last Name First Name Address	MI MI	City Social Security Number City City City	State	Zip Proprie Zip Proprie	Phone Number otor Officer Phone Number	Partner Partner	Other Other
Last Name First Name Address Last Name First Name Address Last Name First Name Address TOTAL APPLICATION FEE	мі мі :* \$15.00	Social Security Number City Social Security Number City Social Security Number City City Contact E-mail	State State	Zip Proprie Zip Proprie Zip Zip	Phone Number Phone Number Phone Number Phone Number	Partner Partner	Other Other
Last Name Address Last Name First Name Address Last Name First Name Address TOTAL APPLICATION FEE This appl	MI * \$15.00 lication must be	Social Security Number City Social Security Number City Social Security Number City Contact E-mail	State State	Zip Proprie Zip Zip Zip Zip	Phone Number Phone Number Phone Number Phone Number Phone Number	Partner Partner	Other Other
Last Name First Name Address Last Name First Name Address Last Name First Name Address TOTAL APPLICATION FEE This appl comm THE STATEMENTS MADE IN	MI MI * \$15.00 lication must be encement of bu	Social Security Number City Social Security Number City Social Security Number City Contact E-mail e received within twusiness or penalty a	State State Venty (20 nd intere	Zip Proprie Zip Zip Zip Of MY K	Phone Number Phone Number Phone Number Phone Number Phone Number The ply. NOWLEDGE	Partner Partner	Other Other

MAIL COMPLETED APPLICATION AND PAYMENT TO:

CITY OF LAFOLLETTE
207 SOUTH TENNESSEE AVENUE
LAFOLLETTE, TN 37766